

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JB		10-02-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	DW	949	10/26/01
RESPONSE FORMALITY REVIEW	KA	1019	03-19-02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	10/26/01	
2	✓	10/26/01	
3	✓	10/26/01	
4	✓	10/26/01	
5	✓	10/26/01	
6	✓	10/26/01	
7	✓	10/26/01	
8	✓	10/26/01	
9	✓	10/26/01	
10	✓	10/26/01	
11	✓	10/26/01	
12	✓	10/26/01	
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14	✓	10/26/01	
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48	✓	10/26/01	
49	✓	10/26/01	
50	✓	10/26/01	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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10/26/01
 3/19/02
 804